

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

Baxter Healthcare Political Action Committee

ADDRESS (number and street)

1501 K Street, NW

☒Check if different  
than previously  
reported. (ACC)

Washington

DC

20005

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00117838

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report(Q1)☐July 15  
Quarterly Report(Q2)☐October 15  
Quarterly Report(Q3)☐January 31  
Quarterly Report(YE)☐July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☒Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE**-Election  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post**-Election  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

10

01

2007

through

10

31

2007

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Sarah Creviston

Signature of Treasurer

Electronically Filed by Sarah Creviston

Date

11

16

2007

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 02/2003)

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
Baxter Healthcare Political Action Committee

Report Covering the Period: From: 

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
1	0

D	D
3	1

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1		43802.52
(b) Cash on Hand at Beginning of Reporting Period .....	75044.49	
(c) Total Receipts (from Line 19) .....	9017.44	94759.41
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	84061.93	138561.93
7. Total Disbursements (from Line 31) .....	18100.00	72600.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	65961.93	65961.93
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

Baxter Healthcare Political Action Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
1	0	0	1	2	0	0	7

To:

M	M	D	D	Y	Y	Y	Y
1	0	3	1	2	0	0	7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	8748.48	83986.36
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	268.96	10773.05
(iii) TOTAL (add Lines 11(a)(i) and (ii) ..... ➡	9017.44	94759.41
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ..... ➡	9017.44	94759.41
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	9017.44	94759.41
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	9017.44	94759.41

**DETAILED SUMMARY PAGE**

of Disbursements

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Page 4

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		0.00	0.00
(i) Federal Share.....			
(ii) Non-Federal Share.....		0.00	0.00
(b) Other Federal Operating Expenditures.....		0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....		0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....		0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....		13500.00	67000.00
24. Independent Expenditure (use Schedule E) .....		0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....		0.00	0.00
26. Loan Repayments Made.....		0.00	0.00
27. Loans Made.....		0.00	0.00
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees .....		0.00	0.00
(b) Political Party Committees		0.00	0.00
(c) Other Political Committees (such as PACs) .....		0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....		0.00	0.00
29. Other Disbursements.....		4600.00	5600.00
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share .....		0.00	0.00
(ii) "Levin" Share .....		0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....		0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....		0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..		18100.00	72600.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....		18100.00	72600.00

**DETAILED SUMMARY PAGE**

of Disbursements

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Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	9017.44	94759.41
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	9017.44	94759.41
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 6 / 34

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Joy A Amundson  
Mailing Address 110 W. Onwentsia Road

City State Zip Code  
Lake Forest IL 60045

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation  
CVP, Pres BioScience

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4219.27

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 5 / 2 0 0 7

Transaction ID: 71116.C32496

Amount of Each Receipt this Period

404.62

Receipt

Payroll Deduction: (202.3-  
1/Pay Period )

**B.** Full Name (Last, First, Middle Initial)  
Robert H Armstrong  
Mailing Address 133 Manchester Drive

City State Zip Code  
Waukesha WI 53188

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation  
VP, R & D Medical Devices

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 5 / 2 0 0 7

Transaction ID: 71116.C32502

Amount of Each Receipt this Period

100.00

Receipt

Payroll Deduction: (50.00-  
/Pay Period )

**C.** Full Name (Last, First, Middle Initial)  
Donald Baker  
Mailing Address 286 Whitworth

City State Zip Code  
Thousand Oaks CA 91360

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation  
VP II, Quality

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1317.63

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 5 / 2 0 0 7

Transaction ID: 71116.C32525

Amount of Each Receipt this Period

127.22

Receipt

Payroll Deduction: (63.61-  
/Pay Period )

**SUBTOTAL** of Receipts This Page (optional) .....

631.84

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Michael J Baughman

Mailing Address 5343 N Lakewood Avenue

City State Zip Code  
Chicago IL 60640

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Baxter International Inc.

Occupation  
CVP, Controller

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2100.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 5 / 2 0 0 7

Transaction ID: 71116.C32531

Amount of Each Receipt this Period

200.00

Receipt

Payroll Deduction: (100.0-  
0/Pay Period)

**B.** Full Name (Last, First, Middle Initial)  
Susan Brown

Mailing Address 7707 Wisconsin Ave #412

City State Zip Code  
Bethesda MD 20814

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation  
Plant Manager II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.32

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 5 / 2 0 0 7

Transaction ID: 71116.C32477

Amount of Each Receipt this Period

106.16

Receipt

Payroll Deduction: (53.08-  
/Pay Period)

**C.** Full Name (Last, First, Middle Initial)  
Sebastian Bufalino

Mailing Address 1091 Pine Meadow Ct

City State Zip Code  
Vernon Hills IL 60061

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Baxter International Inc.

Occupation  
VP, Audit

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1004.10

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 5 / 2 0 0 7

Transaction ID: 71116.C32543

Amount of Each Receipt this Period

96.64

Receipt

Payroll Deduction: (48.32-  
/Pay Period)

**SUBTOTAL** of Receipts This Page (optional) .....

402.80

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 34

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

A. Full Name (Last, First, Middle Initial)

Donna Campagna

Mailing Address 30922 St Andrews Drive

City State Zip Code  
 Libertyville IL 60048

FEC ID number of contributing federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tionOccupation  
VP, Baxter IT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 0 5 / 2 0 0 7

Transaction ID: 71116.C32491

Amount of Each Receipt this Period

40.00

Receipt

Payroll Deduction: (20.00-  
/Pay Period)

B. Full Name (Last, First, Middle Initial)

Edward Conrad

Mailing Address 113 S Waverly Pl

City State Zip Code  
 Mt Prospect IL 60056

FEC ID number of contributing federal political committee.

C

Name of Employer  
Baxter International Inc.Occupation  
Dir, Tax

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1275.18

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 0 5 / 2 0 0 7

Transaction ID: 71116.C32529

Amount of Each Receipt this Period

122.40

Receipt

Payroll Deduction: (61.20-  
/Pay Period)

C. Full Name (Last, First, Middle Initial)

Sarah Creviston

Mailing Address 717 North Maple Ave.

City State Zip Code  
 Palatine IL 60067

FEC ID number of contributing federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tionOccupation  
VP, Government Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1920.31

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 0 5 / 2 0 0 7

Transaction ID: 71116.C32522

Amount of Each Receipt this Period

187.86

Receipt

Payroll Deduction: (93.93-  
/Pay Period)

SUBTOTAL of Receipts This Page (optional) .....

350.26

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Margarita Cruz-casse Mailing Address Violeta 153, San Francisco City San Juan State PR Zip Code 00927 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Baxter Healthcare Puerto Rico Occupation Dir, Logistics Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 863.58			Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 5 / 2 0 0 7 <b>Transaction ID:</b> 71116.C32550 Amount of Each Receipt this Period 83.16 Receipt Payroll Deduction: (41.58- /Pay Period )
<b>B.</b> Full Name (Last, First, Middle Initial) Robert M Davis Mailing Address 21515 Hummingbird Court City Kildeer State IL Zip Code 60047 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Baxter International Inc. Occupation CVP, Chief Financial Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 3040.93			Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 5 / 2 0 0 7 <b>Transaction ID:</b> 71116.C32532 Amount of Each Receipt this Period 303.46 Receipt Payroll Deduction: (151.7- 3/Pay Period )
<b>C.</b> Full Name (Last, First, Middle Initial) Scot Deaths Mailing Address 28461 Hidden Hills Blvd City Saugus State CA Zip Code 91390 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Baxter Healthcare Corpora- tion Occupation Plant Manager II Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 305.01			Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 5 / 2 0 0 7 <b>Transaction ID:</b> 71116.C32510 Amount of Each Receipt this Period 67.78 Receipt Payroll Deduction: (33.89- /Pay Period )

**SUBTOTAL** of Receipts This Page (optional) .....

**454.40**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 34

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Paul Estrem		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 5 / 2 0 0 7
Mailing Address 325 Clarewood Circle		<b>Transaction ID:</b> 71116.C32494
City Grayslake	State IL	Zip Code 60030
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Baxter Healthcare Corpora- tion	Occupation VP II, Finance	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1050.00	Payroll Deduction: (50.00- /Pay Period )

<b>B.</b> Full Name (Last, First, Middle Initial) Camille I Farhat		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 5 / 2 0 0 7
Mailing Address 1052 Warrington Road		<b>Transaction ID:</b> 71116.C32504
City Deerfield	State IL	Zip Code 60015
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Baxter Healthcare Corpora- tion	Occupation General Manager IV	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1050.00	Payroll Deduction: (50.00- /Pay Period )

<b>C.</b> Full Name (Last, First, Middle Initial) Kevin Freeman		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 5 / 2 0 0 7
Mailing Address 20982 Buffalo Run		<b>Transaction ID:</b> 71116.C32488
City Kildeer	State IL	Zip Code 60047
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 126.36
Name of Employer Baxter Healthcare Corpora- tion	Occupation VP I, Finance	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1305.27	Payroll Deduction: (63.18- /Pay Period )

**SUBTOTAL** of Receipts This Page (optional) .....

326.36

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 34

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Valery E Gallagher

Mailing Address 14334 Spring Meadow Court

City State Zip Code  
 Green Oaks IL 60048

FEC ID number of contributing federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tionOccupation  
Dir, State Govt Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1313.98

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 0 5 / 2 0 0 7

Transaction ID: 71116.C32505

Amount of Each Receipt this Period

127.20

Receipt

Payroll Deduction: (63.60-  
/Pay Period )

Full Name (Last, First, Middle Initial)

B. James Gatling

Mailing Address 3704 Lindsay Ln

City State Zip Code  
 Crystal Lake IL 60014

FEC ID number of contributing federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tionOccupation  
CVP, Global Manufacturing Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3030.71

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 0 5 / 2 0 0 7

Transaction ID: 71116.C32475

Amount of Each Receipt this Period

292.30

Receipt

Payroll Deduction: (146.1-  
5/Pay Period )

Full Name (Last, First, Middle Initial)

C. Arthur J Gibson

Mailing Address 3775 Riverly Trace

City State Zip Code  
 Marietta GA 30067

FEC ID number of contributing federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tionOccupation  
VP, Environ Health & Safety

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

581.52

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 0 5 / 2 0 0 7

Transaction ID: 71116.C32503

Amount of Each Receipt this Period

96.92

Receipt

Payroll Deduction: (48.46-  
/Pay Period )

SUBTOTAL of Receipts This Page (optional) .....

516.42

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 34

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. John Greisch

Mailing Address 2636 Chesapeake Lane

City State Zip Code  
 Northbrook IL 60062

FEC ID number of contributing federal political committee.

C

Name of Employer  
Baxter International Inc.Occupation  
CVP, President - International

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4763.82

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 0 5 / 2 0 0 7

Transaction ID: 71116.C32544

Amount of Each Receipt this Period

456.92

Receipt

Payroll Deduction: (228.4-  
6/Pay Period)

Full Name (Last, First, Middle Initial)

B. Lawrence Guiheen

Mailing Address 1653 Vista Oaks Way

City State Zip Code  
 Westlake Village CA 91361

FEC ID number of contributing federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tionOccupation  
President V

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

735.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 0 5 / 2 0 0 7

Transaction ID: 71116.C32467

Amount of Each Receipt this Period

70.00

Receipt

Payroll Deduction: (35.00-  
/Pay Period)

Full Name (Last, First, Middle Initial)

C. Andrew C Hayes

Mailing Address 1620 Timber Woods Lane

City State Zip Code  
 Libertyville IL 60048

FEC ID number of contributing federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tionOccupation  
Sr Dir, Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

471.92

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 0 5 / 2 0 0 7

Transaction ID: 71116.C32506

Amount of Each Receipt this Period

117.98

Receipt

Payroll Deduction: (58.99-  
/Pay Period)

SUBTOTAL of Receipts This Page (optional) .....

644.90

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 34

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Worth Holder Jr

Mailing Address 42 Jamestown Court

City State Zip Code  
 Grayslake IL 60030

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Baxter International Inc.

Occupation  
VP II, Business Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

923.73

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 0 5 / 2 0 0 7

Transaction ID: 71116.C32541

Amount of Each Receipt this Period

88.90

Receipt

Payroll Deduction: (44.45-  
/Pay Period)

Full Name (Last, First, Middle Initial)

**B.** Irene Jakimcius

Mailing Address 2208 Wesley Ave.

City State Zip Code  
 Evanston IL 60201

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Baxter International Inc.

Occupation  
Assoc General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1539.35

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 0 5 / 2 0 0 7

Transaction ID: 71116.C32535

Amount of Each Receipt this Period

150.54

Receipt

Payroll Deduction: (75.27-  
/Pay Period)

Full Name (Last, First, Middle Initial)

**C.** James Kamienski

Mailing Address 6312 N Keating

City State Zip Code  
 Chicago IL 60646

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation  
VP II, Manufacturing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1090.02

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 0 5 / 2 0 0 7

Transaction ID: 71116.C32476

Amount of Each Receipt this Period

104.96

Receipt

Payroll Deduction: (52.48-  
/Pay Period)

**SUBTOTAL** of Receipts This Page (optional) .....

344.40

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 34

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

A. Full Name (Last, First, Middle Initial)

Robert Keeley

Mailing Address 22606 Bridle

City State Zip Code  
 Kildeer IL 60047

FEC ID number of contributing federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tionOccupation  
VP II, Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

980.76

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 0 5 / 2 0 0 7

Transaction ID: 71116.C32512

Amount of Each Receipt this Period

94.44

Receipt

Payroll Deduction: (47.22-  
/Pay Period)

B. Full Name (Last, First, Middle Initial)

Jane Kiernan

Mailing Address 525 W. Roscoe, #3W

City State Zip Code  
 Chicago IL 60657

FEC ID number of contributing federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tionOccupation  
General Manager III

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

840.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 0 5 / 2 0 0 7

Transaction ID: 71116.C32489

Amount of Each Receipt this Period

80.00

Receipt

Payroll Deduction: (40.00-  
/Pay Period)

C. Full Name (Last, First, Middle Initial)

Marie G Kissel

Mailing Address 1 Baxter Pkwy c/o Gerald Lema

City State Zip Code  
 Deerfield IL 60015

FEC ID number of contributing federal political committee.

C

Name of Employer  
Baxter World Trade Corpora-  
tionOccupation  
Dir, Fed Legislative Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1493.28

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 0 5 / 2 0 0 7

Transaction ID: 71116.C32545

Amount of Each Receipt this Period

143.72

Receipt

Payroll Deduction: (71.86-  
/Pay Period)

SUBTOTAL of Receipts This Page (optional) .....

318.16

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 34

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Edward A Langan  
Mailing Address 1605 Highland Avenue

City State Zip Code  
Wilmette IL 60091

FEC ID number of contributing federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tionOccupation  
VP II, Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1575.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 5 / 2 0 0 7

Transaction ID: 71116.C32465

Amount of Each Receipt this Period

150.00

Receipt

Payroll Deduction: (75.00-  
/Pay Period )

**B.** Full Name (Last, First, Middle Initial)  
Susan R Lichtenstein  
Mailing Address 1257 W Wrightwood Ave

City State Zip Code  
Chicago IL 60614

FEC ID number of contributing federal political committee.

C

Name of Employer  
Baxter International Inc.Occupation  
CVP, General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4091.47

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 5 / 2 0 0 7

Transaction ID: 71116.C32533

Amount of Each Receipt this Period

392.30

Receipt

Payroll Deduction: (196.1-  
5/Pay Period )

**C.** Full Name (Last, First, Middle Initial)  
Raymond Linder Jr  
Mailing Address 246 Montclair Road

City State Zip Code  
Vernon Hills IL 60061

FEC ID number of contributing federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tionOccupation  
VP II, HR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

559.65

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 5 / 2 0 0 7

Transaction ID: 71116.C32493

Amount of Each Receipt this Period

74.62

Receipt

Payroll Deduction: (37.31-  
/Pay Period )

SUBTOTAL of Receipts This Page (optional) .....

616.92

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 34

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
 Ronald K Lloyd  
 Mailing Address 1694 Falling Star Ave.

City State Zip Code  
 Westlake Village CA 91362

FEC ID number of contributing federal political committee.

C

Name of Employer  
 Baxter Healthcare Corpora-  
 tion

Occupation  
 General Manager IV

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 0 5 / 2 0 0 7

Transaction ID: 71116.C32492

Amount of Each Receipt this Period

100.00

Receipt

Payroll Deduction: (50.00-  
/Pay Period)

**B.** Full Name (Last, First, Middle Initial)  
 Matthew Lykken  
 Mailing Address 421 North Wheaton Ave

City State Zip Code  
 Wheaton IL 60187

FEC ID number of contributing federal political committee.

C

Name of Employer  
 Baxter International Inc.

Occupation  
 VP, Tax

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1138.98

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 0 5 / 2 0 0 7

Transaction ID: 71116.C32542

Amount of Each Receipt this Period

115.38

Receipt

Payroll Deduction: (57.69-  
/Pay Period)

**C.** Full Name (Last, First, Middle Initial)  
 Brian W Magerkurth  
 Mailing Address 4218 Third Street Lane NW

City State Zip Code  
 Hickory NC 28601

FEC ID number of contributing federal political committee.

C

Name of Employer  
 Baxter Healthcare Corpora-  
 tion

Occupation  
 VP II, Global Supply Chain

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1193.76

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 0 5 / 2 0 0 7

Transaction ID: 71116.C32498

Amount of Each Receipt this Period

114.96

Receipt

Payroll Deduction: (57.48-  
/Pay Period)

SUBTOTAL of Receipts This Page (optional) .....

330.34

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 34

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Michael Martin Mailing Address 546 Lochwood Dr City State Zip Code Crystal Lake IL 60012 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Baxter Healthcare Corpora- tion Occupation VP I, Mfg Strategic Planning Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 582.64			Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 5 / 2 0 0 7 <b>Transaction ID:</b> 71116.C32481 Amount of Each Receipt this Period 145.66 Receipt Payroll Deduction: (72.83- /Pay Period )
<b>B.</b> Full Name (Last, First, Middle Initial) Teresita Martinez-santini Mailing Address A-1 Atenas St Repto Flamingo City State Zip Code Bayamon PR 00959 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Baxter Healthcare Puerto Rico Occupation Dir, Quality Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 952.41			Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 5 / 2 0 0 7 <b>Transaction ID:</b> 71116.C32549 Amount of Each Receipt this Period 91.54 Receipt Payroll Deduction: (45.77- /Pay Period )
<b>C.</b> Full Name (Last, First, Middle Initial) Jeanne K Mason Mailing Address 1 Baxter Parkway DF 1-2E City State Zip Code Deerfield IL 60015 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Baxter International Inc. Occupation CVP, HR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 3328.94			Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 5 / 2 0 0 7 <b>Transaction ID:</b> 71116.C32538 Amount of Each Receipt this Period 319.24 Receipt Payroll Deduction: (159.6- 2/Pay Period )

SUBTOTAL of Receipts This Page (optional) .....

556.44

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 34

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Kevin Mcculloch Mailing Address 730 Greenwood Avenue City Wilmette State IL Zip Code 60091 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Baxter Healthcare Corporation Occupation VP, Transition Services Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1243.29		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 5 / 2 0 0 7 <b>Transaction ID:</b> 71116.C32517 Amount of Each Receipt this Period 119.62 Receipt Payroll Deduction: (59.81- /Pay Period )
<b>B.</b> Full Name (Last, First, Middle Initial) Bruce McGillivray Mailing Address 151 Ridge Lane City Lake Forest State IL Zip Code 60045 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Baxter Healthcare Corporation Occupation CVP, President Renal Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 3153.93		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 5 / 2 0 0 7 <b>Transaction ID:</b> 71116.C32513 Amount of Each Receipt this Period 307.70 Receipt Payroll Deduction: (153.8- 5/Pay Period )
<b>C.</b> Full Name (Last, First, Middle Initial) Frank Monteleone Mailing Address 4620 Forest Edge Lane City Long Grove State IL Zip Code 60047 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Baxter Healthcare Corporation Occupation Dir, IT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1085.01		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 5 / 2 0 0 7 <b>Transaction ID:</b> 71116.C32519 Amount of Each Receipt this Period 92.30 Receipt Payroll Deduction: (46.15- /Pay Period )

**SUBTOTAL** of Receipts This Page (optional) .....

**519.62**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 34

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Barbara Morris Mailing Address 924 N. Saratoga Dr. City Palatine State IL Zip Code 60074 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Baxter Healthcare Corporation Occupation VP II, HR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 5 / 2 0 0 7 <b>Transaction ID:</b> 71116.C32482 Amount of Each Receipt this Period 20.00 Receipt Payroll Deduction: (10.00- /Pay Period )
<b>B.</b> Full Name (Last, First, Middle Initial) Timothy Murphy Mailing Address 14601 N Somerset Circle City Libertyville State IL Zip Code 60048 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Baxter Healthcare Corporation Occupation Asst General Counsel Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 544.47		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 5 / 2 0 0 7 <b>Transaction ID:</b> 71116.C32518 Amount of Each Receipt this Period 53.06 Receipt Payroll Deduction: (26.53- /Pay Period )
<b>C.</b> Full Name (Last, First, Middle Initial) Peter Omalley Mailing Address 791 Summit Avenue City Lake Forest State IL Zip Code 60045 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Baxter Healthcare Corporation Occupation VP/GM II Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 945.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 5 / 2 0 0 7 <b>Transaction ID:</b> 71116.C32524 Amount of Each Receipt this Period 90.00 Receipt Payroll Deduction: (45.00- /Pay Period )

SUBTOTAL of Receipts This Page (optional) .....

163.06

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 34

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Shannon W. Penberthy

Mailing Address 3214 Porter Street, NW

City State Zip Code  
 Washington DC 20008

FEC ID number of contributing federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tionOccupation  
Dir, Fed Legislative Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 0 5 / 2 0 0 7

Transaction ID: 71116.C32499

Amount of Each Receipt this Period

80.00

Receipt

Payroll Deduction: (80.00-  
/Pay Period)

Full Name (Last, First, Middle Initial)

B. Carla Pittman

Mailing Address 5720 Shenandoah Avenue

City State Zip Code  
 Los Angeles CA 90056

FEC ID number of contributing federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tionOccupation  
Sr Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1110.15

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 0 5 / 2 0 0 7

Transaction ID: 71116.C32514

Amount of Each Receipt this Period

106.62

Receipt

Payroll Deduction: (53.31-  
/Pay Period)

Full Name (Last, First, Middle Initial)

C. Virginia Pringle

Mailing Address 6655 Bobby Jones Ct

City State Zip Code  
 Palmetto FL 34221

FEC ID number of contributing federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tionOccupation  
Mgr II, Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

636.05

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 0 5 / 2 0 0 7

Transaction ID: 71116.C32486

Amount of Each Receipt this Period

62.14

Receipt

Payroll Deduction: (31.07-  
/Pay Period)

SUBTOTAL of Receipts This Page (optional) .....

248.76

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 34

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
David H Resnicoff  
Mailing Address 926 Valley Road

City State Zip Code  
Glencoe IL 60022

FEC ID number of contributing federal political committee.

C

Name of Employer  
Baxter International Inc.Occupation  
Assoc General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.68

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 5 / 2 0 0 7

Transaction ID: 71116.C32539

Amount of Each Receipt this Period

105.34

Receipt

Payroll Deduction: (52.67-  
/Pay Period)

**B.** Full Name (Last, First, Middle Initial)  
David Rohrbach  
Mailing Address 10 Hawkes Court

City State Zip Code  
Bridgewater NJ 08807

FEC ID number of contributing federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tionOccupation  
VP I, Quality

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 5 / 2 0 0 7

Transaction ID: 71116.C32511

Amount of Each Receipt this Period

20.00

Receipt

Payroll Deduction: (10.00-  
/Pay Period)

**C.** Full Name (Last, First, Middle Initial)  
Jill A Rowison  
Mailing Address Apt 818 777 7th St NW

City State Zip Code  
Washington DC 20001

FEC ID number of contributing federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tionOccupation  
Mgr, Federal Govt Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.45

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 5 / 2 0 0 7

Transaction ID: 71116.C32507

Amount of Each Receipt this Period

38.46

Receipt

Payroll Deduction: (19.23-  
/Pay Period)

SUBTOTAL of Receipts This Page (optional) .....

163.80

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 34

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Fredrick Ruda Mailing Address 1316 Ashland Ave. City Wilmette State IL Zip Code 60091 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Baxter Healthcare Corporation Occupation Dir, Finance Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 380.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 5 / 2 0 0 7 <b>Transaction ID:</b> 71116.C32495 Amount of Each Receipt this Period 40.00 Receipt Payroll Deduction: (20.00- /Pay Period )
<b>B.</b> Full Name (Last, First, Middle Initial) Joseph Russo Mailing Address 27928 Periwinkle Lane City Valencia State CA Zip Code 91354 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Baxter Healthcare Corporation Occupation Dir, Envir Health & Safety Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 232.24		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 5 / 2 0 0 7 <b>Transaction ID:</b> 71116.C32520 Amount of Each Receipt this Period 58.06 Receipt Payroll Deduction: (29.03- /Pay Period )
<b>C.</b> Full Name (Last, First, Middle Initial) Roibin Ryan Mailing Address 1419 W Berteau City Chicago State IL Zip Code 60613 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Baxter International Inc. Occupation Deputy General Counsel Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1891.29		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 5 / 2 0 0 7 <b>Transaction ID:</b> 71116.C32536 Amount of Each Receipt this Period 182.94 Receipt Payroll Deduction: (91.47- /Pay Period )

**SUBTOTAL** of Receipts This Page (optional) .....

**281.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 34

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. James K Saccaro

Mailing Address Baxter Expat Admin PO Box 747

City State Zip Code  
 Deerfield IL 60015

FEC ID number of contributing federal political committee.

C

Name of Employer  
Baxter World Trade Corpor-  
ationOccupation  
VP II, Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1022.20

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 0 5 / 2 0 0 7

Transaction ID: 71116.C32547

Amount of Each Receipt this Period

99.88

Receipt

Payroll Deduction: (49.94-  
/Pay Period)

Full Name (Last, First, Middle Initial)

B. David P Scharf

Mailing Address 931 Oak Street

City State Zip Code  
 Winnetka IL 60093

FEC ID number of contributing federal political committee.

C

Name of Employer  
Baxter International Inc.Occupation  
CVP, Corporate Secretary

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1059.96

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 0 5 / 2 0 0 7

Transaction ID: 71116.C32534

Amount of Each Receipt this Period

103.84

Receipt

Payroll Deduction: (51.92-  
/Pay Period)

Full Name (Last, First, Middle Initial)

C. Chandra Sekhar

Mailing Address 1621 Mission Hills Rd Unit 211

City State Zip Code  
 Northbrook IL 60062

FEC ID number of contributing federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tionOccupation  
VP II, Mfg Strategic Planning

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1105.92

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 0 5 / 2 0 0 7

Transaction ID: 71116.C32466

Amount of Each Receipt this Period

106.64

Receipt

Payroll Deduction: (53.32-  
/Pay Period)

SUBTOTAL of Receipts This Page (optional) .....

310.36

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 34

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. John P Shannon

Mailing Address 432 Utley

City

Elmhurst

State

IL

Zip Code

60126

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

VP II, Marketing

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

979.04

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 0 5 / 2 0 0 7

Transaction ID: 71116.C32523

Amount of Each Receipt this Period

100.00

Receipt

Payroll Deduction: (50.00-  
/Pay Period)

Full Name (Last, First, Middle Initial)

B. Deborah Spak

Mailing Address 1555 Stratford

City

Deerfield

State

IL

Zip Code

60015

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International Inc.

Occupation

Dir, Communications

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

251.85

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 0 5 / 2 0 0 7

Transaction ID: 71116.C32540

Amount of Each Receipt this Period

24.26

Receipt

Payroll Deduction: (12.13-  
/Pay Period)

Full Name (Last, First, Middle Initial)

C. Donald Sullivan

Mailing Address 910 W Cypress Drive

City

Arlington Heights

State

IL

Zip Code

60005

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter International Inc.

Occupation

VP, Risk Management

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

840.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 0 5 / 2 0 0 7

Transaction ID: 71116.C32527

Amount of Each Receipt this Period

80.00

Receipt

Payroll Deduction: (40.00-  
/Pay Period)

SUBTOTAL of Receipts This Page (optional) .....

204.26

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 34

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Daniel Tasse			Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 5 / 2 0 0 7	
Mailing Address 95 Spring Street			<b>Transaction ID:</b> 71116.C32497	
City State Zip Code New Providence NJ 07974			Amount of Each Receipt this Period 216.34	
FEC ID number of contributing federal political committee. C			Receipt	
Name of Employer Baxter Healthcare Corporation		Occupation General Manager IV		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2254.89		
<b>B.</b> Full Name (Last, First, Middle Initial) Karenann Terrell			Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 5 / 2 0 0 7	
Mailing Address 914 Queens Lanes			<b>Transaction ID:</b> 71116.C32537	
City State Zip Code Glenview IL 60025			Amount of Each Receipt this Period 384.62	
FEC ID number of contributing federal political committee. C			Receipt	
Name of Employer Baxter International Inc.		Occupation CVP, Chief Information Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 4038.51		
<b>C.</b> Full Name (Last, First, Middle Initial) Onelia Vera-littrell			Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 5 / 2 0 0 7	
Mailing Address 619 Oleander Drive			<b>Transaction ID:</b> 71116.C32521	
City State Zip Code Hallandale FL 33009			Amount of Each Receipt this Period 187.64	
FEC ID number of contributing federal political committee. C			Receipt	
Name of Employer Baxter Healthcare Corporation		Occupation Asst General Counsel		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1922.66		
<b>Payroll Deduction:</b> (108.1-7/Pay Period )			<b>Payroll Deduction:</b> (192.3-1/Pay Period )	

SUBTOTAL of Receipts This Page (optional) .....

788.60

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 34

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

A. Full Name (Last, First, Middle Initial)

Kenneth R Webb

Mailing Address 31385 W. Somerset Circle

City State Zip Code  
 Green Oaks IL 60048

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation  
VP, Customer Svc & E-Commerce

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 0 5 / 2 0 0 7

Transaction ID: 71116.C32501

Amount of Each Receipt this Period

20.00

Receipt

Payroll Deduction: (10.00-  
/Pay Period )

B. Full Name (Last, First, Middle Initial)

Cheryl White

Mailing Address 4069 Mayfield Street

City State Zip Code  
 Newbury Park CA 91320

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation  
CVP, Quality

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2788.54

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 0 5 / 2 0 0 7

Transaction ID: 71116.C32526

Amount of Each Receipt this Period

269.24

Receipt

Payroll Deduction: (134.6-  
2/Pay Period )

C. Full Name (Last, First, Middle Initial)

Deborah K Williams

Mailing Address 3805 Fenchurch Rd

City State Zip Code  
 Baltimore MD 21218

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation  
Dir, Fed Legislative Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 0 5 / 2 0 0 7

Transaction ID: 71116.C32508

Amount of Each Receipt this Period

100.00

Receipt

Payroll Deduction: (50.00-  
/Pay Period )

SUBTOTAL of Receipts This Page (optional) .....

389.24

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 34

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Vernon Williams

Mailing Address 1601 Wyndham Court

City

Santa Ana

State

CA

Zip Code

92705

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter Healthcare Corpora-  
tion

Occupation

VP, Baxter IT

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 5 / 2 0 0 7

Transaction ID: 71116.C32516

Amount of Each Receipt this Period

100.00

Receipt

Payroll Deduction: (50.00-  
/Pay Period )

**B.**

Full Name (Last, First, Middle Initial)

Subramania Yogendran

Mailing Address S Yogendran PO Box 747

City

Deerfield

State

IL

Zip Code

60015

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baxter World Trade Corpora-  
tion

Occupation

VP II, Finance

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

855.02

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 5 / 2 0 0 7

Transaction ID: 71116.C32546

Amount of Each Receipt this Period

86.54

Receipt

Payroll Deduction: (43.27-  
/Pay Period )

**SUBTOTAL** of Receipts This Page (optional) .....

186.54

**TOTAL** This Period (last page this line number only) .....

8748.48

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 28 / 34

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

## **A. The Freedom Project**

Mailing Address 104 Hume Ave

City Alexandria State VA Zip Code 22301-1015

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2007 ☐ Primary ☐ General  
☒ Other (specify) ▼

State: District: Other 2007

Transaction ID: 71116.E805

Date of Disbursement

10 / 23 / 2007

Amount of Each Disbursement this Period

3500.00

Full Name (Last, First, Middle Initial)

## **B. Friends of Kent Conrad**

Mailing Address PO Box 812

City Bismarck State ND Zip Code 58502-0812

Purpose of Disbursement

Candidate Name  
GAYLORD KENT CONRAD

Category/  
Type

Office Sought: ☐ House ☒ Senate ☐ President  
Disbursement For: 2012 ☒ Primary ☐ General  
☐ Other (specify) ▼

State: ND District: 00

Transaction ID: 71116.E804

Date of Disbursement

10 / 23 / 2007

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

## **C. Hoosiers for Hill**

Mailing Address PO Box 1071

City Seymour State IN Zip Code 47274-1071

Purpose of Disbursement

Candidate Name  
BARON P HILL

Category/  
Type

Office Sought: ☒ House ☐ Senate ☐ President  
Disbursement For: 2008 ☒ Primary ☐ General  
☐ Other (specify) ▼

State: IN District: 09

Transaction ID: 71116.E802

Date of Disbursement

10 / 23 / 2007

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

6500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 29 / 34

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Kevin McCarthy for Congress

Mailing Address PO Box 12667

City  
Bakersfield

State  
CA

Zip Code  
93389-2667

Purpose of Disbursement

Candidate Name  
KEVIN MR MCCARTHY

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 22

Transaction ID: 71116.E803

Date of Disbursement

10 / 23 / 2007

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**B.** Friends for Harry Reid

Mailing Address PO Box 19163

City  
Las Vegas

State  
NV

Zip Code  
89132-0163

Purpose of Disbursement

Candidate Name  
HARRY REID

Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NV District: 00

Transaction ID: 71116.E808

Date of Disbursement

10 / 23 / 2007

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**C.** Heath Shuler for Congress Committee

Mailing Address PO Box 97

City  
Hazelwood

State  
NC

Zip Code  
28738-0097

Purpose of Disbursement

Candidate Name  
JOSEPH H SHULER

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NC District: 11

Transaction ID: 71116.E806

Date of Disbursement

10 / 23 / 2007

Amount of Each Disbursement this Period

2500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

6000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 30 / 34

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Pete Stark Re-Election Committee

Mailing Address PO Box 8331

City  
Fremont

State  
CA

Zip Code  
94537-8331

Purpose of Disbursement

Candidate Name  
PETE STARK

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 13

Transaction ID: 71116.E807

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

13500.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 31 / 34

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Marc Basnight Campaign

Mailing Address PO Box 302

City  
Manteo

State  
NC

Zip Code  
27954-0302

Purpose of Disbursement  
NC STATE SENATE/1ST DISTRICT

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: 71116.E809**

Date of Disbursement

10 / 23 / 2007

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**B.** Stan Bingham for Senate

Mailing Address 292 North Main Street

City  
Denton

State  
NC

Zip Code  
27239-8306

Purpose of Disbursement  
NC STATE SENATE/33RD DISTRICT

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: 71116.E810**

Date of Disbursement

10 / 23 / 2007

Amount of Each Disbursement this Period

400.00

Full Name (Last, First, Middle Initial)

**C.** Committee to Elect Dr. Bob England to NC

Mailing Address PO Box 908

City  
Ellenboro

State  
NC

Zip Code  
28040-0908

Purpose of Disbursement  
NC STATE HOUSE/112TH DISTRICT

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: 71116.E811**

Date of Disbursement

10 / 23 / 2007

Amount of Each Disbursement this Period

400.00

**SUBTOTAL** of Disbursements This Page (optional) .....

1300.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Jim Forrester for NC Senate

Mailing Address 510 S Highway 27

City  
Stanley

State  
NC

Zip Code  
28164-2056

Purpose of Disbursement  
NC STATE SENATE/41ST DISTRICT

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: 71116.E812**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

400.00

Full Name (Last, First, Middle Initial)

**B.** Mitch Gillespie for NC House

Mailing Address 185 Cross Creek North Drive

City  
Marion

State  
NC

Zip Code  
28752-9273

Purpose of Disbursement  
NC STATE HOUSE/85TH DISTRICT

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: 71116.E813**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

400.00

Full Name (Last, First, Middle Initial)

**C.** Joe Hackney for House Committee

Mailing Address 410 Martin Luther King Jr Blvd

City  
Chapel Hill

State  
NC

Zip Code  
27514-5787

Purpose of Disbursement  
NC STATE HOUSE/54TH DISTRICT

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: 71116.E814**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

1300.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Verla Insko for State House

Mailing Address 610 Surry Rd

City  
Chapel Hill

State  
NC

Zip Code  
27514-2628

Purpose of Disbursement  
NC STATE HOUSE/56TH DISTRICT

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: 71116.E815**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

400.00

Full Name (Last, First, Middle Initial)

**B.** Bill Purcell for NC Senate Committee

Mailing Address 1301 Dunbar Dr

City  
Laurinburg

State  
NC

Zip Code  
28352-4226

Purpose of Disbursement  
NC STATE SENATE/25TH DISTRICT

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: 71116.E816**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

400.00

Full Name (Last, First, Middle Initial)

**C.** Friends of Joe Sam Queen

Mailing Address 71 Pigeon St

City  
Waynesville

State  
NC

Zip Code  
28786-2087

Purpose of Disbursement  
NC STATE SENATE/47TH DISTRICT

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: 71116.E817**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

400.00

**SUBTOTAL** of Disbursements This Page (optional) .....

1200.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

## **A. Committee to Re-Elect Senator Tony Rand**

Mailing Address 2014 Litho Pl

City  
Fayetteville

State  
NC

Zip Code  
28304-2598

Purpose of Disbursement  
NC STATE SENATE/19TH DISTRICT

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 71116.E818

Date of Disbursement

10 / 23 / 2007

Amount of Each Disbursement this Period

400.00

Full Name (Last, First, Middle Initial)

## **B. Committee to Elect Ray Rapp**

Mailing Address 133 Quail Ridge Rd

City  
Mars Hill

State  
NC

Zip Code  
28754-6266

Purpose of Disbursement  
NC STATE HOUSE/118TH DISTRICT

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 71116.E819

Date of Disbursement

10 / 23 / 2007

Amount of Each Disbursement this Period

400.00

**SUBTOTAL** of Disbursements This Page (optional) .....

800.00

**TOTAL** This Period (last page this line number only) .....

4600.00